



Making Excellence Inclusive

a UCR Diversity Certificate Program

2016 - 2017 Diversity Certificate Program Application

Last Name: _____	First Name: _____
Email: _____	Phone: _____
Department: _____	Classification: _____
Supervisor: <i>(last, first)</i> _____	Supervisor email: _____
Dept. Head: _____	

Supporting Information

1. How will this program support you in your personal and/or professional development?
(Indicate "see attached" if more space is needed)

2. How will this program enable you to contribute to your department's goals? *(Indicate "see attached" if more space is needed)*

3. Please describe one or two diversity issues you have faced that you felt unprepared to handle.
(Indicate "see attached" if more space is needed)

4. Please provide any other information you would like the application screening committee to consider in determining your eligibility for acceptance into the program? (Indicate "see attached" if more space is needed)

Signature / Endorsement

As the participant's supervisor, I endorse their participation in the program and understand that their participation will require time away from work.

Supervisor's Signature

Date

As a participant, I understand that I will be expected to participate in all workshops and outside assignments in order to successfully complete the program. This may require time outside my working hours to accomplish.

Applicant's Signature

Date

Supervisor / Endorsement

Supervisor's Endorsement

As the participant's supervisor, I understand that my participant will require 4 – 8 hours of release time per month to complete program assignments. I am willing to grant professional development release time according to applicable University policy and bargaining contracts.

Supervisor's Signature _____ Date _____

Please return your completed application to Brittnee Meitzenheimer in Human Resources via campus mail, or email to: brittnee.meitzenheimer@ucr.edu